Health Regulation Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (XX) MULTIPLE CONSTRUCTION A BUILDING B. WING **CPA-058** 01/14/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **317 VARNUM STREET NE 3RD FLOOR** SERAAJ FAMILY HOMES, INC WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) ID PREFIX TAG (X5) COMPLETE PREFIX TAG DATE S 000 Initial Comments 8 000 An annual inspection was conducted on January 12, 2010, through January 14, 2010. The survey findings were based on record review and staff interview. The sample sizes were sixteen (18) employee records based on a census of sixteen (16), sixteen (16) foster parent records based on a consus of exteen (16), and sixteen (16) foster child records based on a census of sixteen (16). The agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however deficiencies were cited. S 094 1611.1(b) Personnel Records S 094 (b) Applicant's educational credentals; Every effort will be made to This CONDITION is not met as evidenced by: obtain records documenting Based on record review and interview, the agency employee highest level of 2/201d failed to ensure the personnel record of one (1) education at the time of hire. of sixteen (16) employees had a copy of their education credentals (Employee #10) If this is not possible, Human Resources personnel will The finding includes: ensure that said Review of personnel records on January 14, documentation is obtained 2010, at approximately 11:00 a.m., revealed that within a month of the employee #10 did not have available for review employee's hire date. educational credentials. Interview with the Continuous Quality Improvement Personnel (CQIP) on January 14, 2010, at approximately 4:00 p.m. confirmed the findings. \$ 095 S 095 1611.1(c) Personnel Records Health Regulation Administration

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(XIII) DATE

Health Regulation Administration

TATEMENT OF DEPICIENCIES ND PLAN DP CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-668		ericua Hober:	(X2) MULTE A. BURLDING B. WING	G	(X3) DATE SURVEY COMPLETED 01/14/2010	
AME OF PROVIDER OR SUPPLIER STREET AD			DORESS, CITY, STATE, ZIP CODE		S II I-WED IO	
SERAAJ	FAMILY HOMES, INC		WASHIN	INUM STREET GTON, DC 21	T NE 3RD FLOOR 1017	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT OEPICIENCY)	COMPLETE DATE
S 096	Continued From page 1			8 095		_
	(c) At least three (3) letters of reference;					
	This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to obtain letters of reference for three (3) of the sotteen (16) personnel. (Employee #10, #11 and #13) The finding includes: Review of personnel records on January 14, 2010, at approximately 1:10 p.m., revealed that employees #10, #11 and #13 did not have available for review, three letters of reference in their files. Interview with the Continuous Quality Improvement Personnel (CQIP) on January 14, 2010, at approximately 3:45 p.m. confirmed the findings.			,	Human Resources personnel will make every effort to obtain three employee references at the time of him. If this is not at the second of the content of the	2/201
					hire. If this is not possible, Human Resources personnel will ensure that said documentation is obtained within a month of the employee's hire date.	
S Des	(g) Name of employee's immediate supervisor; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that the name of each employee's immediate supervisor was documented in their personnel files for six (6) of sixteen (16) records reviewed. (Employees #1, #3, #8, #10, #11 and #12. The finding includes:			8 099		
					The Agency will immediately develop a form that will be placed in the employee's file that will delineate their directine of supervision. This form	2/201
					will be placed in the file of th	E .
	2010, at approxima employees #1, #3, it have available for memployee is supen- personnel files. Inter-	ew of personnel records on January 14, , at approximately 1:20 p.m. revealed that oyees #1, #3, #8, #10, #11 and #12 did not available for review, the name of each oyee 's supervisor documented in their prinel files. Interview with the Continuous ity Improvement Personnel (CQIP) on			employee at the time of hire.	-

Health Regulation Administration

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-058		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/14/2010		
	ROVIDER OR SUPPLIER FAMILY HOMES, INC	;	817 VAR		STATE, ZIP GOOE T NE SRD PLOOR 1017			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X6) COMPLETE DATE	
S 099	findings.	t 1:30 p.m., confirme	d the	S 099				
	(k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency falled to ensure that two (2) of stideen (16) employees had available for review, a current physical examination report as required in section 1612.2. (Employee #11 and #12)			The Agency will ensure that all staff have current physical examinations at the time of hire. The Agency will continue to follow-up with the physical examinations of existing staff at least monthly to ensure that they do not expire.		al of inue sical staff	2/201	
S 481	2010, at approxima employee #11, and review a current phy interview with the Comprovement Person 2010, at approximating findings. 1640.3(c) Notification (c) Updated medication household; This CONDITION is Based on record rec	•	ed that allable for sary 14, ned the ation bers of sed by: ne sure I reports e (1) of	S 481	The Agency will ensure the Foster Parents have curred physical examinations at time of initial licensing. The Agency will continue to four with the physical examinations of existing foster parents at least monthly to ensure that the do not expire.	ent the the ollow-	5/2010	

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					'. '): 02/03/2 010	
Health R	egulation Administra	tion				FORM	APPROVED	
STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE DENTIFICATION MUST		RYCLIA MDER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED			
		CPA-058		B. WING_	······································	04#	4/2010	
NAME OF P	ROMIDER OR SUPPLIER	,			ESS, CITY, STATE, ZIP CODE			
SERAAJ FAMILY HOMES, INC 817 VA WASHI			WASHING	RNUM STREET NE 3RD FLOOR NGTON, DC 20017				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHE	E ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE		
S 481	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		S 481	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The Agency will monitor the due dates for medicals and dentals at least monthly to ensure that they do not expire. The Records Room personnel will then follow-up with the respective physician at least twice monthly in order to obtain documentation of medical and dental appointments.		2/2010		
<u> </u>	dina Administration							